Effective December 8, 2004													
RCE CLAIMS AS FILED - PART 1 (Column 1) (Column 2)							_	SMALL TYPE	ENTITY	OF		ER THAN LENTITY	
Ľ	OTAL CLAIM	S						RATE	FEE		RATE		
FOR			NUMBER FILED		NUM	NUMBER EXTRA		BASICF	EE 395	8 2	BASIC FE	F 7000	
I	OTAL CHARGE	n	minus 20=			1	X\$ 25	_		,,,,,,,	1-1-		
INDEPENDENT CLAIMS			minus 3 =		•	-	1	X100-	- 	— OF	'	+	
M	ULTIPLE DEPE	NDENT CLAIM	RESENT:			ī i	1	Vion.	-	- OF	X200=	-	
• •	the differenc	e in column 1 is	less than	less than zero, enter "0" in column 2			J	+180=		ОЯ	+360=		
			•					TOTAL		OR	TOTAL	790.00	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								. ENTITY			RTHAN	
AMENDMENTA	6/1/06	CLAIMS REMAINING	1-	HIGH	ST		ا . [SMALI	ADDI-		SMALL	ENTITY	
		AFTER AMENDMENT	ŀ	PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONA		RATE	ADDI- TIONAL FEE	
	Total	• 12	Minus	- 20		=		X\$ 25=		OR	X\$50=	1	
AME	Independent	+ 2	Minus	<u> </u>	••••	=		.X100=	17	OR	X200=		
لـــــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1/		+360=	1/-	
		•						+180=	 / -	OR	TOTAL	/	
		(Column 1)		(Colum	n 21	(Column 3)		ADDIT. FEE		OR	ADDIT, FEE		
8	9/-/	CLAIMS REMAINING		HIGHE	ST '	PRESENT	ו ר	PATE	ADDI-	7 1	RATE	ADDI-	
둚	1/15/06	AFTER AMENDMENT		PREVIOL PAID R	ISLY	EXTRA	11		TIONAL FEE	1 1		TIONAL	
AMENDMENT B	Total	. 10	Minus ·	~	0		1 I	X\$ 25=	166	1	X\$50=	FEE	
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1	FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT C	LAIM]	7100=	-	OR	X200=	-	
		•					L	+180=	. 1	OR	+360=	\	
					• :		A	TOTAL DOM: FEE	,	OR ,	TOTAL DDIT, FEE		
7		(Column 1)		(Column		(Column 3)			<u>.</u>	_			
2		REMAINING . AFTER	·	NUMBE PREVIOUS	R	PRESENT		RATE	ADDI- TIONAL		RATĖ	ADDI:	
		AMENDMENT	•	PAID FO		EXTRA	Ŀ	· · ·	FEE	· · · <u> </u>	TOALE	TIONAL : FEE:	
1 5			Minus	**		-		X\$ 25=		OR	X\$50=		
Ľ	ndependent	TATION OF MU	Minus TIDI E NED	***	- 1	•	Г	X100=	•	OR	X200=	•	
		 	+180=			+360=							
• H t	he entry in column	L	TOTAL		OR L	+360= TOTAL							
	us uidust viit	iber Previously Paid iber Previously Paid	For IN THE	S SPACE in In	ee then	3	~~	OIT. FEE L			DOTT. FEE L		
	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE												

Application or Docket Number